

**STATE OF ALABAMA
DEPARTMENT OF HUMAN RESOURCES**

**MONTHLY REPORT OF CHILDREN UNDER CARE OR SUPERVISION OF LICENSED
CHILD PLACING AGENCIES**

Name of Agency _____ For Month of _____ 20 ____

Address _____ Provider No. _____

A. CHILDREN IN FOSTER CARE		NUMBER OF CHILDREN			
		Black	White	Other	Total
1.	Under care on first day of month (Item 5 of last month)				
2.	Received during month for this type care				
3.	Total under care				
4.	Discharged during month from this type care				
5.	Under care on last day of month				
Whereabouts at End of Month of Children in Item 5 above					
a.	In foster homes				
b.	Already in unrelated adoptive homes but still receiving services from this agency				
c.	Placed in adoptive homes this month				
d.	In free unrelated homes other than adoptive				
e.	Elsewhere (Specify) _____				
B. CHILDREN WHO, AT THE END OF THE MONTH, WERE IN AN INSTITUTION AND RECEIVING CASEWORK SERVICES THROUGH THIS AGENCY					
C. CHILDREN WHO, AT THE END OF THE MONTH, WERE IN A GROUP HOME AND RECEIVING CASEWORK SERVICES THROUGH THIS AGENCY					
D. CHILDREN WHO, AT THE END OF THE MONTH, WERE IN AN INSTITUTION AND RECEIVING CASEWORK SERVICES THROUGH THIS AGENCY					
E. NUMBER OF APPROVED / LICENSED FOSTER HOMES					

Signature of Agency Executive